Application for registration

Workshop series on Writing and Publishing Fiction for Older Children and Young Teens

by Dr.Ken Spillman

Name of applicant: (Rev/Mr/Mrs/Miss/Ms)
Postal address:
E-mail address:
Telephone/Mobile No.:
Occupation:
Previous/Current activities and experience related to writing:
I hereby certify that the information provided above is accurate and that I am 18 years or older.
Signature of applicant
Date: